

Oklahoma Employee Benefit Compensation

OESC 2005 Benefits Survey

Appendix C: Questionnaire



Vacation & Holiday

Health & Medical



Retirement, Bonuses
& Profit sharing



2003 OESC EMPLOYER BENEFITS SURVEY
A Survey of Benefits Offered to Oklahoma Employees

1. Please tell us your contact person: _____

Telephone: (____) _____ EMAIL _____

	Full- Time Hourly	Part- Time Hourly	All Employees
HOLIDAYS			
2. Please check all paid holidays offered by your company:			
a. New Year's Day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Martin Luther King Day (January)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presidents' Day (February)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Good Friday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Memorial Day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Independence Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Labor Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Columbus Day (October)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Election Day (November)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Veterans' Day (November)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Thanksgiving Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Day after Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Christmas Eve Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. New Year's Eve Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Birthday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. One floating holiday or personal leave day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other (please name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What do you pay hourly employees who work on a holiday?			
a. Straight time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Time and one-half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Double time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL LEAVE			
4. Do you combine paid leave time (vacation, sick leave & misc. time) together to be used at the employee's discretion?			
a. No (If no for all categories, skip to question #13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are holidays included with vacation, and sick leave in this combined paid leave time?			
a. No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OESC EMPLOYER BENEFITS SURVEY

	Full- Time Hourly	Part- Time Hourly	All Employees
--	-------------------------	-------------------------	------------------

PERSONAL LEAVE (continued)

6. Are other types of paid leave time (e. g., jury duty, military leave & bereavement leave), included with vacations and sick leave in this combined leave time?				
a. No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. What is the minimum number of paid leave time days offered to any employee in each category per year?				
a. 5 days or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 6 to 10 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 11 to 15 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 16 to 29 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 30 or more days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. What is the maximum number of paid leave days offered to any employee in each category per year?				
a. 14 days or less.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 15 to 24 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 25 to 34 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 35 or more days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does paid leave time increase with years of service or with seniority?				
a. No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you allow paid leave days to accumulate or carry over into the following year?				
a. No (If no on all categories, skip to question #12).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If yes on question #10, what is the maximum number of paid leave days any employee in each category can accumulate or carry over into the following year?				
a. 10 or less days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 11 to 20 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 21 or more days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No maximum or limit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer a pay option in lieu of paid leave time?				
12. a. No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OESC EMPLOYER BENEFITS SURVEY

	Full- Time Hourly	Part- Time Hourly	All Employees
--	----------------------------------	----------------------------------	--------------------------

VACATION (If you combine sick leave, and vacation together to be used at the employees discretion, skip to question #23).

13. How long must an employee work to qualify for one week of paid vacation?

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No paid vacation offered (If no, skip to question #20)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. less than 1 month..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 1 to 2 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 3 to 6 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 7 to 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 12 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. How long must an employee work to qualify for two weeks of paid vacation?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Do not offer two weeks of paid vacation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 11 months or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 1 year to 1 year & 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 2 years to 2 years & 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 3 years to 3 years & 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 4 or more years..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. How long must an employee work to qualify for three weeks of paid vacation?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Do not offer three weeks of paid vacation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 3 years or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 4 years to 7 years & 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 8 years to 11 years & 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 12 or more years..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. How long must an employee work to qualify for four weeks of paid vacation?

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Do not offer four weeks of paid vacation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 9 years or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 10 years to 15 years & 11 months..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 16 or more years..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. Do you offer a pay option in lieu of vacation?

- | | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. Do you allow vacation days to accumulate or carry over into the following year?

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No (If no for all categories, skip to question #20)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



OESC EMPLOYER BENEFITS SURVEY

	Full- Time Hourly	Part- Time Hourly	All Employees
--	----------------------------------	----------------------------------	--------------------------

VACATION (continued)

19. If yes on question #18, what is the maximum number of vacation days any employee in each category can accumulate?
- | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. 10 days or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 11 to 30 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 31 days or over..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. No maximum or limit..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SICK LEAVE

20. What is the maximum number of paid sick leave days offered to any employee in each category a year?
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. None (If none in all categories, skip to question #23).... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 5 days or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 6 to 9 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 10 to 14 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 15 or more days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Do you allow sick leave to accumulate into the following year?
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No (If no for all categories, skip to question #23)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. If yes on question #21, what is the maximum number of sick leave days any employee in each category can accumulate?
- | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. 5 days or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 6 to 14 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 15 to 29 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 30 or more days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. No maximum or limit..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER PAID LEAVE (If you combine all types of paid leave to be used at the employee's discretion, skip to question #26).

23. Do you offer paid bereavement leave?
- | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes, 1 to 3 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Yes, 4 to 7 days..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Yes, 8 days and over..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Do you offer short term paid disability leave?
- | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes, 6 weeks or less..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Yes, 7 to 13 weeks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Yes, 14 to 26 weeks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. More than 26 weeks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



OESC EMPLOYER BENEFITS SURVEY

	Full- Time Hourly	Part- Time Hourly	All Employees
--	----------------------------------	----------------------------------	--------------------------

PAID LEAVE (continued)

25. Please check boxes indicating any other paid leave you offer.
- | | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Military..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Jury duty..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Family medical..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Maternity leave..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Paternity leave..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Doctor/Dental appointment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (please name)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEDICAL/HEALTH/DENTAL

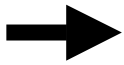
26. Do you offer medical/health care plans to your employees?
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No (If no in all categories, skip to question #31)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes, Employee only..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Yes, Employee and dependents..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. What types of medical/health care plans do you offer?
(Check all that apply)
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Traditional fee-for-service..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health Maintenance Organization (HMO)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Preferred Provider Organization (PPO)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28. Can employees choose between medical/health care plans?
- | | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Yes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. No..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

29. What percentage of the cost of the medical/health care plan(s) do you pay for the employee (employee only)?
- | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. None..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 1% to 25%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 26% to 50%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 51% to 75%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 76% to 99%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 100%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. What percentage of the cost of the medical/health care plans do you pay for the employee's dependents?
- | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. None..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 1% to 25%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 26% to 50%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 51% to 75%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 76% to 99%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 100%..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



OESC EMPLOYER BENEFITS SURVEY

	Full- Time Hourly	Part- Time Hourly	All Employees
--	----------------------------------	----------------------------------	--------------------------

MEDICAL/HEALTH/Dental (continued)

31. Do you offer dental care plan(s) to your employees?				
a. No (If no in all categories, skip to question #35).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes, Employee only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Yes, Employee and dependents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Can employees choose between dental care plans?				
a. No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. What percentage of the cost of the dental plan(s) do you pay for the employee (employee only)?				
a. None.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 1% to 25%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 26% to 50%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 51% to 75%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 76% to 99%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 100%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. What percentage of the cost of the dental plan(s) do you pay for an employee's dependents?				
a. None.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 1% to 25%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 26% to 50%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 51% to 75%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 76% to 99%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 100%.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Please check boxes indicating any additional medical/health benefits for which your company provides cost assistance.				
a. Long term disability insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employee Assistance Program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wellness program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vision care plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescription drug plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health rider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Life insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Accidental death insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Dependent life insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ill child daycare.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Long-term nursing home/assisted living care plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Elder daycare (for employee's relative).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (please name)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OESC EMPLOYER BENEFITS SURVEY

	Full- Time Hourly	Part- Time Hourly	All Employees
--	----------------------------------	----------------------------------	--------------------------

MEDICAL/HEALTH/DENTAL (continued)

36. Does your company require a waiting period for new hire Medical/Health/Dental benefit eligibility?

- a. Do not offer any Medical/Health/Dental benefits.....
- b. No waiting period required.....
- c. Yes, 30 days or less.....
- d. 31 to 60 days.....
- e. 61 to 90 days.....
- f. More than 90 days.....
- g. Varies, according to plans and/or union contract.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETIREMENT

37. Please check **boxes** indicating retirement benefits you offer.

- a. No retirement plan offered (If no, skip to question #39) ..
- b. Defined benefit pension plan.....
- c. Defined contribution plan [e. g., 401(k)].....
- d. Profit sharing.....
- e. Other (please name)_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. If a defined contribution plan is offered, who funds the plan?

- a. Employee only.....
- b. Employer only.....
- c. Employer and employee each contribute half.....
- d. Employer contributes larger share.....
- e. Employee contributes larger share.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL BENEFITS

39. Do you provide any education or tuition assistance?
(Please check all **boxes** that apply)

- a. No assistance offered (If no, skip to question #41).....
- b. Yes, based on seniority/years of service.....
- c. Yes, based on course grade.....
- d. Yes, must be job related.....
- e. Yes, as long as the institution is accredited.....
- f. Yes, depending on employee's work performance.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. What is the maximum percentage of education and tuition cost you will compensate for any employee in each category?

- a. 1% to 25%.....
- b. 26% to 50%.....
- c. 51% to 75%.....
- d. 76% to 99%.....
- e. 100%.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OESC EMPLOYER BENEFITS SURVEY

	Full- Time	Part- Time	All
	Salary	Hourly	Hourly
			Employees

MISCELLANEOUS BENEFITS

41. Do you offer flexible spending accounts, or a cafeteria plan, to your employees? (Please check all that apply)

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes, for health expenses..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Yes, for childcare expenses..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Yes, other expenses (please name)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

42. Do you offer childcare assistance? (Please check all that apply)

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. No..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yes, on-site facility..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Yes, vouchers or off-site subsidized..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Yes, referral information..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

43. Do you offer flexible work arrangements? (Check all that apply)

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. None..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Flex-time..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Four day (ten hour/day) work weeks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Telecommuting (work at home)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

44. Please check **boxes** indicating any additional miscellaneous benefits your company offers.

- | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Bonuses..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shift differential..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Longevity pay..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stock options..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (please name)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We realize that the next two questions may not be easy ones. However, your responses are very important to us for our analysis. Feel free to take the necessary response time and consult with others, if you need to do so. Approximations of the numbers in each category are O. K.

45. What percentage of your total personnel compensation cost consists of fringe benefits (excluding worker's compensation and unemployment insurance)?

- | | |
|-----------------------|--------------------------|
| a. 15% or less..... | <input type="checkbox"/> |
| b. 16% to 20%..... | <input type="checkbox"/> |
| c. 21% to 25%..... | <input type="checkbox"/> |
| d. 26% to 30%..... | <input type="checkbox"/> |
| e. More than 30%..... | <input type="checkbox"/> |

All Employees

46. On August 1, 2003, how many salary people were employed in your Oklahoma Facilities: _____

- | | | |
|--|--|-------|
| | How many employees were <u>full-time</u> hourly: | _____ |
| (Please respond for all three categories & the Total) | How many employees were <u>Part-time</u> hourly: | _____ |
| | What was your Oklahoma Facilities' employee Total: | _____ |

THANK YOU FOR YOUR COOPERATION

END OF SURVEY